

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 -- 1 0

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF  
THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

May 1, 2003

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$ 1,333  
b. FFY 04 \$ 3,200

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B, page 1aa

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable):

n/a

10. SUBJECT OF AMENDMENT:

Payment for physician, dental and podiatry services provided by physicians, dentists or podiatrists not employed by the State of Missouri who are actively engaged in the training of physicians when the training takes place in a safety net hospital.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *ae*  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:

Steve Roling

14. TITLE:

Director

15. DATE SUBMITTED:

June 26, 2003

16. RETURN TO:

Department of Social Services  
Division of Medical Services  
615 Howerton Court  
P.O. Box 6500  
Jefferson City, MO 65109

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

06/27/03

18. DATE APPROVED:

1 FEB 06 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MAY 01 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

THOMAS W. LENZ

22. TITLE:

Associate Regional Administrator for DMCH

23. REMARKS:

SPA CONTROL  
Date Submitted: 06/26/03  
Date Received: 06/27/03

State Missouri

PHYSICIAN, DENTAL AND PODIATRY SERVICES Provided by physicians, dentists or podiatrists not employed by the State of Missouri who are actively engaged in the training of physicians when the training takes place in a safety net hospital. Safety net hospital is defined in Section 4.19-A of the Missouri Medicaid State Plan at VI.B.

Agency payment will be the lower of:

1. The provider's actual charge for the service; or
2. The Medicare allowable reimbursement for the service.

Payment for physician services for those organ and bone marrow transplant services covered as defined in Attachment 3.1-E will be made on the basis of a reasonable charge determination resulting from medical review by the Medical Consultant.

The state agency will reimburse providers of physician's services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient-patients who also have Medicare Part B eligibility.

The only physicians eligible for reimbursement are those UPA physicians contractually affiliated with UMKC. (Pen & Ink A - MH)

State Plan TN# 03-10  
Supersedes TN# new material

Effective Date May 1, 2003  
Approval Date FEB 06 2004